



IRA Asset Transfer/Direct Rollover Request Form

For Assistance, Please call:
TOLL FREE (888) 889-0799

CNI CHARTER RCB SMALL CAP VALUE FUND CLASS R

GENERAL INFORMATION

Please complete the items below if you are transferring assets from another institution or are initiating a direct rollover from a corporate retirement plan or from another Individual Retirement Account (IRA) to a CNI Charter Funds IRA. In addition, please include a copy of your most recent statement from your current custodian. If this is a new CNI Charter Funds IRA, you must also complete an IRA Application Form.

We will contact your present Trustee/Custodian to arrange the transfer. If you have any questions or need additional forms, please call (888) 889-0799.

Please print or type all items except signature.

1 IRA REGISTRATION

NAME OF IRA ACCOUNT HOLDER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ () DAYTIME TELEPHONE _____

EXISTING CNI CHARTER FUNDS IRA ACCOUNT NUMBER (IF APPLICABLE) _____

2 PRESENT TRUSTEE/CUSTODIAN

NAME OF PRESENT TRUSTEE/CUSTODIAN OR PLAN ADMINISTRATOR _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

() TELEPHONE _____

ACCOUNT NUMBER AT PRESENT TRUSTEE _____

3 TRANSFER/DIRECT ROLLOVER INSTRUCTIONS

I have established an IRA with SEI Private Trust Company. Please transfer my assets in accordance with the instructions below and mail the check to: The CNI Charter Funds, P.O. Box 2175, Milwaukee, WI 53201. Make the check payable to The CNI Charter Funds, and include the following reference number on the check: _____

Account # _____

- Liquidate all assets in my IRA Account Number and transfer the entire proceeds.
- Liquidate only part of my assets in my IRA Account Number and transfer \$ _____.
- Liquidate ONLY the assets listed below (For CDs):
 Account Number _____
 Immediately At maturity on _____.
- Directly roll over my qualified plan distribution to my IRA.
 Name of Plan: _____
 Name of Employer: _____.

4 ACCOUNT TYPE TO BE TRANSFERRED

- IRA
- Transfer/Rollover IRA
- Employer Qualified Plan, 401(k), Profit Sharing Plan
- Roth Contributory IRA, original start date of _____
- Roth Conversion IRA, original start date of _____
- SEP IRA

5 REQUIRED DISTRIBUTION ELECTION INFORMATION

This section is to be completed by existing Custodian/Trustee or Plan Administrator if the individual is age 70½ or older this year.

Life Expectancy:

- Single life expectancy Joint life expectancy

The amount withheld to satisfy this year's required distribution \$ _____

If joint life expectancy: _____

Name of Designated Beneficiary

- Spouse Non-spouse

December 31 Account Valuation \$ _____

 Signature of Current Custodian/Trustee or Plan Administrator

6 SIGNATURE & AUTHORIZATION

I hereby agree to the terms and conditions set forth in this transfer authorization and acknowledge having established a CNI Charter Funds IRA through execution of the CNI Charter Funds IRA Application Form.

SIGNATURE DATE

NOTE: Your present Custodian may require a signature guarantee. Please check with that institution for requirements. If required, please complete the following:

Signature Guaranteed By:

NAME OF BANK OR FIRM

SIGNATURE OF OFFICER TITLE

(Place Stamp Here)

7 ACCEPTANCE

SEI Private Trust Company agrees to accept the transfer described above and upon receipt of cash or other assets will apply the proceeds to The CNI Charter Funds Customer Sub-Account established on behalf of the customer.

SEI PRIVATE TRUST COMPANY:

BY DATE

TITLE